

SALISBURY AND WILTON RURAL DISTRICT COUNCIL
MERE AND TISBURY RURAL DISTRICT COUNCIL
AND WILTON BOROUGH

A N N U A L R E P O R T

of

THE MEDICAL OFFICER OF HEALTH

incorporating

THE REPORT

of

THE CHIEF PUBLIC HEALTH INSPECTOR

for the year 1973



BOROUGH OF WILTON, RURAL DISTRICT OF
MERE AND TISBURY AND RURAL DISTRICT
OF SALISBURY AND WILTON

Joint Annual Report of the Medical Officer of Health
for the year 1973

Mr. Chairman, Ladies and Gentlemen,

I beg to present to you my Annual Report for the year 1973, which for the following reasons will be the briefest in history.

It was confidently expected that owing to the Reorganisation of Local Government, and of the National Health Service, the Annual Report for the year 1972, which most M.O.'s.H. wrote as if they would be the last, as there would be no instructions to write Annual Reports for the year 1973.

However, a D.H.S.S. Circular letter, dated 22nd February, 1974 has just been received which states that in spite of the recognised difficulties with which M.O.'s.H. (and their colleagues the Public Health Inspectors) would be faced in endeavouring to write reports for 1973, and in spite of the fact that the Registrar General will, just as previously, be unable to produce his annual statistics before April, an Annual Report of the M.O.H. is still required.

This requirement is qualified by the statement that the Department is not issuing the usual (or any) detailed advice, as they used to do early in January of each following year, about the contents and preparation of Annual Reports of the M.O.H.

I therefore propose to write as little as possible, for I wrote the most comprehensive report I have ever written, for the year 1972, covering also the period from 1953 to 1972, in the expectation that it would be the last Annual Report I would write. This was not only because I did not think the Department would need an Annual Report for 1973, but because on 31st March the position of Medical Officers of Health will no longer exist, and I personally will be retired - at least from Medical work in Local Government.

I cannot expect the Public Health Inspectors, hard pressed as they are with problems concerned with Reorganisation, and most of them already working in shadow new appointments in one of the new Districts, or else retiring, to assist me in compiling this report in the course of one month, before I retire. It is possible that the Chief Public Health Inspectors of the present three Councils which I serve as M.O.H. may, later, be able to produce the reports which, in the past, have been appended to my reports, and which have provided me with valuable material to be incorporated into my report. But it is certain that they cannot do this within one month, so I must proceed to write my own brief report, with their assistance, in order to get the report duplicated and presented before I retire.

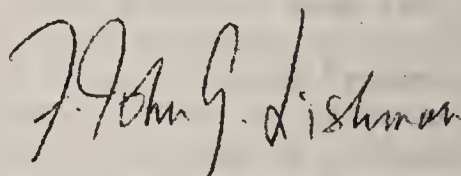
Any analysis of, or comments about, the vital statistics, which the Registrar General will issue during or after April will presumably have to be made by the doctor who will assume the mantle of the Medical Officer of Health, that is, the District Community Physician for the new National Health Service District of Salisbury. That District will be

much larger than the new Local Government District of Salisbury, and will cover the whole area previously covered by me, plus about one third of Wiltshire, with small bits of Hampshire, and on an agency basis, of Dorset as well. The new District Community Physician will however have an enormous task in settling into her new appointment, an office and staff for which have not yet been identified, to say nothing of provided. It seems unlikely therefore, that she will be able to write a follow-up report to this, after the publication of the vital statistics, in the foreseeable future.

I have therefore only the following comment to add to my 1972 Report. In the absence of any statistics for 1973 (the extraction and sorting of which from files in my own office, would be an impossible task, especially with the shortage of clerical staff and the great pressure under which the residue of them are working,) these notes are therefore just supplements to what I wrote in my Annual Report for 1972 (incorporating also the period 1953 to 1972).

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

A handwritten signature in dark ink, reading 'F. J. G. Lishman'. The signature is written in a cursive, slightly slanted style.

F. J. G. Lishman.

Last Medical Officer of
Health. March 1974.

GENERAL STATISTICS

	Salisbury & Wilton R.D.C.	Mere & Tisbury R.D.C.	Wilton Borough	Total
Number of Parishes	32	26	1	59
Area in Hectares*	43,490	28,830	1,085	73,405
Population 1971 Census	22,280	10,530	3,685	36,495
Estimated Mid-Year Population - 1972 (not available yet for 1973)	23,130	11,260	3,900	38,290
Number of Inhabited Dwellings (as at 1.4.74.)	8,049	4,314	1,193	13,556
Number of Inhabited Dwellings owned by Council	1,298	833	352	2,483
(a) Bungalows excluding those in Grouped Dwellings	327	130	40	497
(b) Flats or apartments excluding those in Grouped Dwellings	68	68	51	187
(c) Number of Grouped Dwellings	4	2	0	6
(d) Units (flats or bungalows) in Grouped Dwellings (For Mere & Tisbury 40 are as bungalows and 12 as Bedsitters)	75	62	0	137
(e) Other houses or dwellings	828	575	293	1,696
N o. of applicants on Council Housing Waiting List	241	491*	80	812
Rateable Value	£ 2,117,404	£ 1,039,966	£ 401,045	£ 3,558,415
Product of a New Penny Rate	21,370	9,875	4,400	35,645

Note: * Those figures for "numbers on the waiting list for Council Housing" are not comparable because the Salisbury & Wilton Rural District had a "qualifying period" of a minimum of two years of residence, or working in the Salisbury & Wilton Rural District Area (with rare exceptions for very special circumstances), while the Mere & Tisbury Rural District did not impose any minimum qualifying period before a person's name could be put on the waiting list. This explains why the waiting list for the Mere & Tisbury Rural District is approximately double that for the Salisbury & Wilton Rural District, although its population is less than half.

I am glad to hear that the new District Council of Salisbury are not going to impose any minimum qualifying period. This will relieve much unnecessary anxiety among people desperate to get onto the waiting list for housing.

* Hectare = 2.47 acres

General Administration During the Year

There is little to add to what I wrote, so recently, in my enlarged Annual Report for 1972. However, I must record that the impact of imminent Local Government Reorganisation had, towards the end of the year, a disrupting effect, with some staff already doing two jobs, having been appointed to posts in the new "Greater Salisbury" District. Notably, Mr. H. Sharratt, the Chief Public Health Inspector of the Mere & Tisbury Rural District was appointed as Controller of Housing and Environmental Health Services for the new enlarged District, with Mr. R. P. Batten, Deputy Chief Public Health Inspector and Deputy Surveyor of the Salisbury & Wilton Rural District appointed to the second senior post in that new Department, that of Principal Environmental Health Officer. Early in the new year of 1974 Mr. R. Coombs, a Public Health Inspector in the Salisbury & Wilton Rural District was appointed as Chief Administrative Officer for Housing and Environmental Health in the new District, while Mr. W. E. Ramm, Mr. P. Gardner and Mr. G. Eysenck, Public Health Inspectors in Wilton Borough, in the Mere & Tisbury Rural District and the Salisbury & Wilton Rural District are accommodated as Public Health Inspectors in the new District. (Mr. Ramm had also been Borough Surveyor of Wilton, and under the new organisation will have special duties in regard to Housing Improvements). Mr. Oldham, Rodent Operator, is also absorbed, as are most of the clerical staff, though Miss A. Sheppard, who has given particularly long and devoted service in the Health and in the Surveyor's Department of the Salisbury & Wilton Rural District, transfers to the Planning Department of the new District. So does Mr. J. A. Furley, the Chief Public Health Inspector (and Surveyor) of the Salisbury & Wilton Rural District. A recruit to the Health Service is also Mr. M. Harding, presently Deputy Clerk of the Salisbury & Wilton Rural District Council, and who has been chiefly responsible for the Health Committee work in that Council, comes in as Principal Housing Officer, a position in which his kindly and sympathetic nature and sound ability will be very necessary and which will be a particularly taxing job. As I have repeatedly stated in the Annual Reports I have issued in this part of England, over the last twenty years, I consider that after water to drink and food to eat, housing is the prime factor in the maintenance of health. Contact with Mr. M. D. Pullen, the very popular and efficient Clerk of the Salisbury & Wilton Rural District Council will, fortunately, not be lost, because as Personnel Officer of the new District of Salisbury Council, he will be closely associated at some time or other with everyone who works in that Council. Mr. Pullen has also, since the death of the late Mr. C. S. Brown, acted as Convener of the Joint M.O.H. Committee for the South Wiltshire County Districts and County Council. To all these men and one lady (to whom I would add my former secretaries, two of whom were outstanding, Miss Gillian Parsons (now Mrs. David Clements) and my last one, Miss Zelig Canning, who resigned in November to move to Kent), I wish to record my grateful thanks for their help and co-operation, not only during 1973, but over the previous years I have worked in this appointment.

In regard to myself, overdue at the age of 69 for retirement, but with continued interest in the work both as M.O.H. and as Clinical Public Health Medical Officer (for the County Council), I would like to thank my District Council employees, and the County Medical Officer of Health, Dr. C. D. L. Lycett, and his Deputy Dr. J. H. Whittles, for their help and consideration, particularly in extending my period of service for three and a half years. Drs. Lycett and Whittles have now moved to the

New Area Health Authority, based on Chippenham, for "Wiltshire cum Bath", Dr. Lycett as Area Medical Officer and Dr. Whittles as Specialist in Child Health.

It may also be of interest to note that for the latter half of 1973 and into 1974, I have acted as Honorary Secretary of the Salisbury Division of the British Medical Association, and because of that involvement have been appointed as Convener of the District Medical Committee for the new Salisbury Division of the National Health Service and, at the time of writing this report, have just completed the arrangements for the constitution of this Committee. It will have the function of advising the local clinicians on "consensus opinion" about ways of improving and maintaining the work standards within the Salisbury National Health Service District, (comprising one third of the County).

The District Medical Committee also has the duty of appointing one Hospital Consultant Doctor, and one General Medical Practitioner onto the six post "District Management Team" for the Salisbury National Health Service District, the other four members of which will be the District Community Physician, the District Nursing Officer, the District Finance Officer and the District Administrator. The District Medical Committee will consist of three sections, one of General Medical Practitioners (with one Trainee or Assistant G.M.P.), one of Hospital Doctors (with one Junior Hospital Doctor) and a miscellaneous third section consisting of the District Community Physician, one Clinical Public Health Doctor (elected by other Clinical Public Health Doctors working in the Salisbury National Health Service District) and a member representing Educational, Research and Service doctors, (in the Salisbury National Health Service Area there are several important Bodies of this nature, the Medical Research Establishment and the Chemical Research Establishment, both at Porton Down, the Public Health Laboratory Service, the Common Cold Research Unit at Harvard Hospital and the Post Graduate Medical Centre in Salisbury). This Committee is now fully convened and its constitution approved by the Area Health Board. I convened it on 22nd March, 1974 when it will then elect its Chairman, Vice-Chairman and Secretary, and my stop-gap position as Convener will vanish. However, as no other "Clinical Public Health Medical Officer" is prepared to stand for election to that position on the Committee, I shall occupy it until someone younger, who is eligible and willing to serve, can replace me.

Except for the District Community Physician, whose position on the Committee is permanent, members serve for a maximum period of four years and are not normally eligible to serve again for the next one year, thus securing a measure of rotation. At the time of writing this report the name of the doctor who will occupy the position of District Community Physician has just been announced, - Dr. Hazel Williams, formerly a Senior Medical Officer on the staff of the County Medical Officer for Wiltshire.

STAFF OF THE PUBLIC HEALTH DEPARTMENTS

SOUTH WILTS. JOINT M.O.H. AREA.

Medical Officer of Health: F. John G. LISHMAN, M.D., B.S., D.P.H., L.R.C.P., M.R.C.S., D.L.O. (England)..
for all three districts L.M.C.C. (Canada)..
Edinburgh, Glasgow and London. **Loyal Colleges of Physicians of**

<u>Designation</u>	<u>Salisbury & Wilton Rural District</u>	<u>Mere & Tisbury Rural District</u>	<u>Wilton Borough</u>
Chief Public Health Inspector	J. A. Furley M.R.S.H., F.A.P.H.I.,	H. Sharratt M.A.P.H.I.,	W. E. Ramm
Deputy Chief Public Health Inspector	R. P. Batten M.R.S.H., M.A.P.H.I.,	G. Eysenck M.A.P.H.I.,	--
Public Health Inspectors	R. Coombs M.R.S.H., M.A.P.H.I., P. Gardner M.R.S.H., M.A.P.H.I.,	-- --	-- --
Technical Assistant to P.H.I.	--	--	Mr. A. G. Moody
Rodent Operator	G. Oldham	G. Oldham	G. Oldham
Clerical Staff	Miss Z. Canning (resigned November) Shared with Surveyor: Miss A. Sheppard Miss C. Burr	Miss S. Barrett -- -- --	Mrs. I. Everett -- -- --

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The Medical Officer of Health also holds in this multiple appointment the post of Medical Officer on the staff of the Wiltshire County Council. Address: 'Till Orchard', Berwick Saint James, Nr. Salisbury. SP3 4TS. Telephone: Stapleford 269

Approximate allocation, 3/11ths 2/11ths 1/11th
according to salary fraction (W.C.C. 5/11ths)
(The remaining 5/11ths is allocated to the Wiltshire County Council.

The M.O.H. of the neighbouring East Wilts. Joint M.O.H. Area, Dr. F. D. F. Steede interchanges with the M.O.H. of the South Wilts. Joint M.O.H. Area in a mutual deputising service, normally only for emergency purposes.

The Chief and Deputy Chief Public Health Inspectors of the Salisbury & Wilton Rural District Council also hold appointments as Surveyor and Deputy Surveyor to that Rural District.

						Salisbury & Wilton Rural District	More & Tisbury Rural District	Wilton Borough	Total	Remarks
1.	<u>Tuberculosis</u>									
(a)	Respiratory	..	..	..	..	1	-	1	2	-
(b)	Meninges and nervous system	..	..	..	..	1	-	-	1	-
(c)	Other forms	..	..	..	..	-	-	-	-	-
(Cases of fatal Tuberculosis not notifiable before death)										
Group Total						2	-	1	3	-
2.	<u>Other Respiratory Notifiable Diseases</u>									
(a)	Whooping cough	..	..	..	..	-	2	-	2	-
(b)	Acute pneumonia (No longer notifiable)	..	..	..	..	-	-	-	-	-
Group Total						-	2	-	2	-
3.	<u>Diphtheria</u>					-	-	-	-	-
4.	<u>Virus Disease of Nervous System</u>									
(a)	Poliomyelitis - paralytic	..	..	..	..	-	-	-	-	-
(b)	Poliomyelitis - non-paralytic	..	..	..	..	-	-	-	-	-
(c)	Poliomyelitis - total	..	..	..	..	-	-	-	-	-
(d)	Encephalitis - infective	..	..	..	..	-	-	-	-	-
(e)	Encephalitis - post-infectious	..	..	..	..	-	-	-	-	-
(f)	Encephalitis - total	..	..	..	..	-	-	-	-	-
Group total						-	-	-	+	-
5.	<u>Meningococcal Infection</u>					1	-	-	1	-
6.	<u>Other Notifiable Virus Diseases</u>									
(a)	Measles (excluding Rubella) (Russian Measles)	..	..	..	..	32	128	-	160	-
(b)	Small Pox	..	..	..	..	-	-	-	-	-
(c)	Infectious Hepatitis	..	..	..	..	-	2	-	2	-
Group total						32	130	-	162	-
7.	<u>Alimentary Infections</u>									
(a)	Dysentery - bacterial	..	..	..	..	1	-	-	1	-
(b)	Dysentery - other	..	..	..	..	-	-	-	-	-
(c)	Typhoid fever	..	..	..	..	-	-	-	-	-
(d)	Paratyphoid fever	..	..	..	..	-	-	-	-	-
(e)	Salmonella infection not known to be borne by food	..	..	..	..	-	-	-	-	M&T.2 cases of food poi- soning
(f)	Food poisoning (suspected or confirmed)	..	..	..	..	2	-	-	2	suspected but not notified or confir- med.
Group total						3	-	-	3	
8.	<u>Streptococcal Group</u>									
(a)	Scarlet fever	..	..	..	..	1	16	-	17	-
(b)	Other	..	..	..	..	-	-	-	-	-
Group total						1	16	-	17	-
9.	<u>Miscellaneous Group</u>									
(a)	Ophthalmia Neonatorum	..	..	..	..	1	-	-	1	-
(b)	Other notifiable diseases	..	..	..	..	-	-	-	-	-
Group total						1	-	-	1	-
10.	<u>ALL NOTIFIABLE DISEASES - TOTAL</u>					40	148	1	189	-

1973 FOOD POISONING (Excluding TYPHOID and PARATYPHOID)

<u>Causative Agent</u>	<u>Outbreaks</u>	<u>Cases in general Outbreaks</u>	<u>Cases in family Outbreaks</u>	<u>Sporadic cases (notified or ascertained)</u>	<u>Total No. of Outcases</u>	<u>Salmonella Infections not food poisoning</u>	<u>Deaths Associated with food poisoning</u>	<u>Comments</u>
Salisbury & Wilton Rural District Council	None	None	None	3	3	None	None	2 cases in "retired" elderly people caused by Salmonella Typhimurium 1 case, of a baby, was caused by an unidentified type of Salmonella.
Mere & Tisbury Rural District Council	None	None	None	2	2	None	None	1 elderly man and 1 housewife. Both cases notified as food poisoning, but not confirmed. Possibly not food poisoning and no pathogens found in specimens taken.
Wilton Borough	None	None	None	None	None	None	None	
Total	None	None	None	5	5	None	None	Insignificant incidence of food poisoning in the three Districts.

Footnote: A "General Outbreak" is when 2 or more unrelated cases occur due to a common cause.
A "Family Outbreak" is when 2 or more related cases occur in a household with a common cause.
A "Sporadic Case" is when a single case occurs not connected with any other case.

ENVIRONMENTAL HEALTH

A. Water Supplies

By the end of 1973 almost all homes were on piped water supplies, but unfortunately none of them had the necessary mineral trace, in the form of a fluoride salt, to provide the necessary basis for health, with the accent on dental health from childhood and throughout life, but also with relevance to strength of bones in old age, and of heart and artery muscle in middle and old age. Every one of my Districts voted for connection of the fluoride content of their water supplies many years ago, but were frustrated because it was necessary for the "Local Health Authority" (the Wiltshire County Council) to agree, and agreement was not forthcoming up to the time of writing this report. It is now too late for the Local Health Authority to act, and the responsibility will pass, in a weeks time, to the new Wiltshire Area Health Authority, who will, I hope, take a more active and progressive line in this respect. It is a tragedy that the County Council who had a notably progressive and philosophic record in other aspects of health services were so backward in this one respect. The formation of a huge Regional Water Authority, as also due under reorganisation, introduces a new feature too. They may be ready to accept the engineering challenge of implementing an Area Health Authority's wishes than some of the old water authorities, especially in Scotland, were.

A few homes in the Mere & Tisbury Rural District area were still on private water supply schemes, with a handful still without water piped into the home, but the last of these in the Salisbury & Wilton Rural District area ceased to supply domestic water (as distinct from farm water) when the South Wilts. Water Board linked up their main pipe lines from Shrewton to Stapleford, thus supplying the village of Berwick-Saint-James in August.

B. Sewage

In the Mere & Tisbury Rural District, the sewerage of the parish of East Knoyle was completed, and plans began for the sewerage of Chilmark and Teffont. (to drain uphill northwards to the Tisbury District Works, the effluent from which will then return downstream eastwards in the River Nadder. Next in priority are the parishes of Kilminster with Stourton, and the Donheads of Saint Andrew and Saint Mary. The latter contains the big Council Housing estate of Coronation, at Ludwell. Then, it is hoped will come Berwick Saint John, but the adjacent small parish of Alvidiston is planned to drain onto the Salisbury & Wilton Rural District Councils planned "Chalke Valley" sewerage scheme, to serve the parishes of Ebbesbourne Wake (with Alvidiston sewerage), Bowerchalke, Broadchalke, Bishopstone, Stratford Tony, Coombe Bissett and Britford, running east downstream with the River Ebble to district works at Peter-sfinger near Salisbury. That Chalke Valley scheme was however, in abeyance at the time of writing this report, held up by national financial restrictions. However, the Salisbury & Wilton Rural District Council did succeed in completing, or in the process of completing, practically all the rest of their District by the end of the year, - Whiteparish being completely sewered, and the Wylke Valley villages of Wylke, Steeple and Hanging Langford and Stapleford (also receiving sewerage from Berwick Saint James and by farming the old disposal works south of that village), - to link up with the Wishford, Stoford and South Newton drains already running to the enlarging District Works on the south west side of the River Wylke opposite South Newton village.

On the opposite side of the District, the scheme for Winterslow and adjacent parishes, - (a very large undertaking) was just completed by the time of writing this report while that other large scheme for Landford with Nomansland and Hamptworth, was well under way. Then, except for the big Chalke Valley scheme, virtually the whole of the Salisbury & Wilton Rural District area is set for at the time of handing over to the new District Council of Salisbury. Wilton Borough retains its ancient and original sewerage scheme (draining to the Salisbury District Works) but parts of its pipes are in a decrepit state, and sooner or later will need renewal. However, they gave no serious trouble during 1973.

C. Food Hygiene. D. Milk. E. Housing. F. Refuse Collection and Disposal. G. Hygiene of Offices, Shops & Railway Premises. H. Other Matters Concerning the Environment.

With only a week to go before my office closes and I retire, there is no time to comment on these and get the report typed and duplicated, except to draw attention very forcibly to the huge waiting list of applicants for Council housing, many of whom have certificates from me for priority on socio medical grounds. Just before I finished my appointment I worked through files going back nineteen years for socio-medical priority recommendations, and allocated socio-medical "points" for the cases in the Mere & Tisbury Rural District and Wilton Borough housing lists, to co-incide the pointing with the new system to be used by the new greater District of Salisbury. This task was unnecessary in the case of the Salisbury & Wilton Rural District files, since their pointing system was exactly four times that for the new District Council, so the points all merely had to be divided by four. The discrepancy in number of people on the waiting lists, as set out on an earlier page of this report, in relation to local population, will already have been noted, for in the Mere & Tisbury Rural District, with little more than half the population of the Salisbury & Wilton Rural District, had twice as big a housing waiting list. The reason for this apparent anomaly is simple. The Mere & Tisbury Rural District had always taken a humane attitude on not insisting on a qualifying period (e.g. two years) before a person's name could even be placed on the waiting list, - thereby saving many distressed people and families the psychological trauma of not even knowing if they would eventually be accepted on the Council waiting lists. I am very pleased indeed to know that the new District of Salisbury are following the policy of the Mere & Tisbury Rural District Council in this vital matter.

PUBLIC HEALTH INSPECTION

At the time of writing this report, only the report of the Public Health Inspector of the Borough of Wilton, Mr. W. E. Ramm (also Borough Surveyor) had been received, and it is reproduced in this report verbatim. It will be realised however that the task of preparing an Annual Report by the Chief Public Health Inspectors for the two Rural Districts, is a much bigger one than that for a compact Borough of relatively small size, and I could not really expect Mr. J. A. Furley and Mr. H. Sharratt, the Chief Public Health Inspectors of the Salisbury & Wilton Rural District and of the Mere & Tisbury Rural District to complete these monumental reports in time for this Annual Report of the M.O.H., rushed as it is by the imminent demise of the Councils and the closure of this office on 31st March, 1974. Nevertheless, it is hoped that when these two reports are completed, they may later be presented to those Councillors of the two Rural Districts who continue in office in the new Salisbury District Council.

Once more, I wish to record my thanks to the Clerks of the three Authorities, Mr. M. D. Pullen, Mr. M. Barrett and Mr. G. Lush, for their co-operation during the year, and the nineteen previous years, and to my devoted colleagues on the Health Staff, only a few of whom, such as the Chief Public Health Inspectors, Mr. Furley, Mr. Sharratt and Mr. Ramm can, in this short report, be named. Also to the County Medical Officer of Health, Dr. C. D. L. Lycett, his Deputy, Dr. J. H. Whittles, and to the staff of the Health and Education Department at County Hall, for their very great help and, at times, much needed guidance, over the years. I am delighted to know that Dr. Lycett has been appointed as Area Medical Officer, and Dr. Whittles as Specialist Community Physician for Child Health, in the new Area Health Authority (based at Chippenham instead of Trowbridge), that Dr. F. D. F. Steede who has worked so closely with me as mutual Deputy, has been appointed as District Community Physician for the north-east Wilts. (Swindon based) National Health Service District of the Area, and Dr. Hazel Williams, Senior Medical Officer for Child and Maternal Health of the County Council, to the corresponding District Community Physician Post to the southern (based on Salisbury) District of the new area. I cannot end without a tribute to my colleague Medical Officer of Health for the City of New Sarum, Dr. F. R. Hollins, who has also worked so closely and amicably with me for the last nine years. A doctor of his great quality will, I hope, soon obtain the high position he deserves, in the new National Health Service organisation.

I am Madam and Mr. Chairman, Ladies and Gentlemen,

Your Obedient Servant,

F. John G. Lishman

F. John G. Lishman
Extinguishing Medical Officer of
Health. 22nd March, 1974.

"APPENDICES" (to follow)

1. Immunisation statistics kindly supplied by County Medical Officer of Health.
2. Annual Report of Chief Public Health Inspector, Salisbury & Wilton Rural District Council.
3. Annual Report of Chief Public Health Inspector, Mere & Tisbury Rural District Council.

WILTON BOROUGH COUNCIL

Annual Report

Public Health Inspector

for the Year 1973

1. ACTION TAKEN UNDER ACTS OF PARLIAMENT AND REGULATIONS, ETC., MADE THEREUNDER.

(a) PUBLIC HEALTH ACTS

Informal Notices served	..	..	..	..	..	..	..	2
Informal Notices complied with	..	..	..	..	..	..	..	2
Statutory Notices served	..	..	..	..	..	..	..	NIL
Statutory Notices complied with	..	..	..	..	..	..	..	NIL

(b) HOUSING ACTS

Informal Notices served	..	..	..	..	..	..	..	NIL
Informal Notices complied with	..	..	..	..	..	..	..	NIL
Statutory Notices served	..	..	..	..	..	..	..	NIL
Statutory Notices complied with	..	..	..	..	..	..	..	NIL

(c) FOOD AND DRUGS ACT REGULATIONS

Informal Notices served	..	..	..	..	..	..	..	NIL
Informal Notices complied with	..	..	..	..	..	..	..	NIL

(d) FACTORIES ACTS AND REGULATIONS

Informal Notices served	..	..	..	..	..	..	..	NIL
Informal Notices complied with	..	..	..	..	..	..	..	NIL
Statutory Notices served	..	..	..	..	..	..	..	NIL
Statutory Notices complied with	..	..	..	..	..	..	..	NIL

2. WATER FOR DOMESTIC PURPOSES

A total of 6 water samples were taken by me during the year, all of which proved to be satisfactory.

3. RODENT AND PEST CONTROL

The work carried out by the Rodent Control Operator is as follows:-

Survey only

Domestic Premises	..	..	..	..	..	..	..	1,060
Business Premises	..	..	..	..	..	..	..	20
Farm Premises	..	..	..	..	..	..	..	9
Council Premises	..	..	..	..	..	..	..	30

Treatment

	<u>Domestic</u>	<u>Business</u>	<u>Farm</u>	<u>Council</u>
(a) On Complaint	13	1	NIL	NIL
(b) On Survey	8	NIL	NIL	NIL
	21	1	NIL	NIL

Total Visits and Treatments	1,077	21	3	30
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4. FOOD AND FOOD PREMISES

(a) Food condemned during the year.

The only surrender certificate I was required to give during the year was for a 6 lb. tin of corned beef.

(b) List of Food Premises

General Stores	5	Bake Houses	1
Butchers Shops	4	Fish and Chip Shops ..	1
Cafes and Canteens ..	7	Public Houses, Hotels	
Greengrocers	3	and Off Licences ..	9
Pharmacies	1	Wet Fish Shops ..	2
Wholesale Food Premises	1	Confectioners	2
Sweet Shops	4		

5. MILK AND DAIRIES ACTS AND REGULATIONS

Dealers Licences now in force are:-

Dealers Licences to sell Sterilised Milk	2
Dealers Licences to sell Pasteurised Milk	3
Dealers Licences to sell Ultra Heated Milk	5
Dealers Licences to sell Untreated Milk	NIL

A total of 17 samples were taken during 1973 and all of these satisfied the Statutory Test.

6. ICE-CREAM PREMISES

The number of premises registered for the sale of ice-cream is 11.

7. HOUSING

Existing Dwellings (All Types and Conditions)

(a) Total number of permanent dwellings in the Borough ..	1,193
(b) Total number of temporary dwellings in the Borough ..	NIL

8. COUNCIL HOUSES

(a) Council owned dwellings other than in (b) below ..	352
(b) Corporate property dwellings	2
(c) Council dwellings built during 1973	4
(d) Council dwellings under construction 31.12.73. ..	NIL
(e) Council dwellings demolished during 1973	NIL

9. PRIVATE DEVELOPMENT

(a) Private dwellings built and completed during 1973 ..	5
(b) Private dwellings under construction at 31.12.73. ..	29

10. UNFIT DWELLINGS

(a) Number of houses unfit for human habitation within the meaning of Section 4 of the Housing Act, 1957, and requiring action to close or demolish	9
(b) Demolition or Orders served in respect of individual houses unfit for human habitation (Housing Act, 1957)	NIL

(c)	Closing Orders made in respect of individual houses unfit for human habitation (Housing Act, 1957 or Housing Act, 1961)	.. .. .	NIL
(d)	Houses closed as a result of undertaking from the owner	.. .. .	NIL
(e)	Undertakings to render fit accepted from owners	..	NIL
(f)	Numbers of houses rendered fit after action to close		NIL
(g)	Number of houses included in clearance areas for which		
	(1) Clearance Orders have been made	.. .. .	NIL
	(2) Clearance Orders still to be made	.. .. .	NIL
	(3) Compulsory Purchase Order made	.. .. .	NIL
	(4) Purchases by Agreement	.. .. .	NIL
(h)	Number of houses in clearance areas patched for temporary accommodation under Housing Act, 1957. (Local Authority owned)	.. .. .	NIL
(i)	Number of houses in a clearance area licenced for temporary accommodation under Housing Act, 1957. (Private owned houses)	.. .. .	NIL
(j)	Number of unfit houses demolished under Section 17 of the Housing Act, 1957	.. .. .	NIL
(k)	Number of unfit houses demolished under Section 42 of the Housing Act, 1957	.. .. .	NIL
(l)	Number of temporary dwellings demolished (not included above)	.. .. .	NIL

11. IMPROVEMENT GRANTS

(a)	Applications for Standard Grant (including higher limit Grants)	.. .. .	4
(b)	Standard Grants approved	.. .. .	2
(c)	Number of dwellings involved in Standard Grant	..	2
(d)	Total value of Standard Grants not exceeding	..	£250
(e)	Application for Discretionary Grants (including Conversion Grants)	.. .. .	7
(f)	Discretionary Grants approved	.. .. .	4
(g)	Number of dwellings involved in Discretionary Grants		5
(h)	Total value of Discretionary Grants	.. .. .	£3,282

12. VISITS AND INSPECTIONS MADE DURING 1973 BY THE PUBLIC HEALTH INSPECTOR AND BOROUGH SURVEYOR AND THE TECHNICAL ASSISTANT.

Highways	..	..	..	..	..	..	..	..	..	407
Petroleum Storage and Installations	..	..	..	..	..	..	..	..	..	17
Playing Field	..	..	..	..	..	..	..	..	..	133
Council Houses	..	..	..	..	..	..	..	..	..	841
Building Regulations and Town Planning	..	..	..	..	..	..	..	..	..	628
Recreation Ground	..	..	..	..	..	..	..	..	..	93
Public Health Acts	..	..	..	..	..	..	..	..	..	25
Pest Control	..	..	..	..	..	..	..	..	..	2
Food and Drugs Act	..	..	..	..	..	..	..	..	..	7
Housing Acts	..	..	..	..	..	..	..	..	..	47
Municipal Buildings	..	..	..	..	..	..	..	..	..	90
Cemetery	..	..	..	..	..	..	..	..	..	120
Fairfield	..	..	..	..	..	..	..	..	..	86
Sewers	..	..	..	..	..	..	..	..	..	84
Infectious Diseases	..	..	..	..	..	..	..	..	..	1
Milk	..	..	..	..	..	..	..	..	..	18
Water Domestic Supply	..	..	..	..	..	..	..	..	..	5
Factories	..	..	..	..	..	..	..	..	..	-
Other Visits	..	..	..	..	..	..	..	..	..	53
Offices, Shops and Railway Premises Act	..	..	..	..	..	..	..	..	..	4
Public Conveniences	..	..	..	..	..	..	..	..	..	46
Play Area	..	..	..	..	..	..	..	..	..	100
Council Yard	..	..	..	..	..	..	..	..	..	367
Civic Amenities Act	..	..	..	..	..	..	..	..	..	5
Refuse Service	..	..	..	..	..	..	..	..	..	2
Diseases of Animals Act	..	..	..	..	..	..	..	..	..	1

Note: This summary is not specific of the work as Public Health Inspector, but includes visits as Borough Surveyor and those of my Technical Assistant.

13. FACTORY REPORT

<u>Premises</u>	<u>No. on Register</u>	<u>No. of Inspections</u>	<u>No. of written Notices</u>	<u>Occupier prosecute</u>
(1) Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.	1	NIL	NIL	NIL
(2) Factories not included in (1) in which section 7 is enforced by the Local Authorities	19	NIL	NIL	NIL
(3) Other premises in which section 7 is enforced by the Local Authority (excluding out-workers premises).	NIL	3	NIL	NIL
TOTAL	20	3	NIL	NIL

14. CASES IN WHICH DEFECTS WERE FOUND

<u>Particulars</u>	<u>Found</u>	<u>Referred</u>		<u>No. of cases in which Prosecutions were instituted</u>
		<u>to H.M. Inspector</u>	<u>by H.M. Inspector</u>	
Want of cleanliness (S1) Overcrowding (S2) Inadequate Ventilation (S4)	-	-	-	-
Ineffective drainage or floors (S6) Sanitary Conveniences (S7)-	-	-	-	-
(a) Insufficient (b) Unsuitable or def. (c) Not separate for sexes or other offences against the Act.	-	-	-	-
TOTAL	-	-	-	-

15. OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

There were three new registrations during the year ending 31st December, 1973, Registration and general inspection information is set out below:

<u>Class of Premises</u>	<u>Number of Premises registered during the year</u>	<u>Total number of registered premises at end of year</u>	<u>Number of registered premises receiving a general inspection during the year</u>
Offices	1	11	1
Retail Shops	2	19	2
Wholesale Shops.			
Warehouses	NIL	1	NIL
Catering Establishments open to the public, canteens.	NIL	2	NIL
Fuel, storage depots.	NIL	NIL	NIL

The total number of visits including inspections of registered premises was 4.

There were no accidents notified during 1973.

